

Michigan Family Independence Agency  
OFFICE OF CHILDREN AND ADULT LICENSING

**REQUEST FOR CHILD DAY CARE FORMS**

<b>MAIL REQUEST TO:</b>  Family Independence Agency Office of Children and Adult Licensing 7109 W. Saginaw, 2 <sup>nd</sup> Floor P.O. Box 30650 Lansing, MI 48909-8150  <b>OR</b> FAX to: (517) 335-6121	<b>MAIL FORMS TO: (LICENSEE)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Name</td></tr> <tr><td style="padding: 2px;">Facility Name</td></tr> <tr><td style="padding: 2px;">Street Address</td></tr> <tr><td style="padding: 2px;">City/State/Zip</td></tr> <tr> <td style="padding: 2px;">License #</td> <td style="padding: 2px;">Capacity</td> </tr> <tr><td style="padding: 2px;">Phone #</td></tr> </table>	Name	Facility Name	Street Address	City/State/Zip	License #	Capacity	Phone #
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**FAMILY AND GROUP DAY CARE HOMES**

NAME OF FORM	FORM #	QUANTITY
Child Information Cards	OCAL-3731	
Licensing Medical Clearance Request	OCAL-3704	
Licensing Record Clearance Request	OCAL-1326	
Medication Permission Slip	OCAL-1243	
Child In-Care Statement	OCAL-3900	
Incident, Accident, Illness, Death or Fire Report	OCAL-4603	
Licensing Rules for Family and Group Day Care Homes	OCAL PUB 724	

**DAY CARE CENTERS**

NAME OF FORM	FORM #	QUANTITY
Child Information Cards	OCAL-3731	
Licensing Medical Clearance Request	OCAL-3704	
Licensing Record Clearance Request (for program director)	OCAL-1326	
Incident, Accident, Illness, Death or Fire Report	OCAL-4603	
Licensing Rules Child Care Centers	OCAL PUB 8	

**OCAL-3305** Health Appraisal (children) - This form can only be downloaded from the Internet (web address above) and copied or ordered from DCMH at **517-335-9387**.

Some forms may be **downloaded** from our web site [[www.michigan.gov/fia](http://www.michigan.gov/fia)].  
**All OCAL forms may be reproduced.**